



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BLACKFORD HOSPITAL

City of Hospital: Hartford City

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-1302

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|--|-------------------|
| Inpatient Patient Service Revenue | \$6221919 |
| Outpatient Patient Service Revenue | \$35873466 |
| Total Gross Patient Service Revenue | \$42095385 |

2. Deductions From Revenue

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|-------------------------|-------------------|
| Contractual Allowance | \$22992954 |
| Other Deductions | \$583143 |
| Total Deductions | \$23576097 |

3. Total Operating Revenue

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|--------------------------------|-------------------|
| Net Patient Service Revenue | \$18519288 |
| Other Operating Revenue | \$294986 |
| Total Operating Revenue | \$18814274 |

4. Operating Expenses

| | | | |
|---------------------------------|-------------------|-------------------|------------|
| Salaries and Wages | \$4608432 | Employee Benefits | \$1226835 |
| Depreciation and Amortization | \$873215 | Interest Expense | \$0 |
| Bad Debt | \$1714176 | Other Expenses | \$11967342 |
| Total Operating Expenses | \$20390000 | | |

5. Net Revenue and Expenses

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|-----------------------------------|------------|-------------------|------------|
| Excess Revenue over Expenses | \$-1575726 | Total Assets | \$12102324 |
| Net Non-operating Gains over Loss | \$107810 | Total Liabilities | \$12102324 |

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|-----------------|------------|
| Total Net Gains | \$-1467916 |
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| Statement Two: Contractual Allowance |
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| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$22407449 | \$11533892 | \$10873557 |
| Medicaid | \$7714093 | \$6478653 | \$1235440 |
| Other Government | \$565436 | \$406582 | \$158854 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$11408406 | \$6871147 | \$4537259 |
| Total | \$42095384 | \$25290274 | \$16805110 |

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| Statement Three: Donations Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$1379 | \$-1379 |

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| Statement Four: Research Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

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| Statement Five: Education Statement |
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| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$45884 | \$-45884 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$0 | \$0 |

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| Number of Medical Professionals Trained | \$0 |
| Number of Hospital Patients Educated | \$0 |
| Number of Citizens Exposed to Health Education Messages | 62 |

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| Statement Six: Charity Statement |
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| Hospital Charity Charges | \$1440251 |
|--------------------------|-----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$631262 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$631262 | \$-631262 |
| Medicaid Shortfalls | \$1257623 | \$3861655 | |
| Subtotal | \$1257623 | \$4492917 | \$-3235294 |
| DSH Payments | \$0 | | |
| Subtotal | \$1257623 | \$4492917 | \$-3235294 |
| Medicare Shortfalls | \$8538611 | \$8139900 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$9796234 | \$12632817 | \$-2836583 |

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| Statement Seven: Subsidized Health Services for the Community |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$0 | \$0 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments

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